

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14056 (8)
1. Corporation Name
PORT ORANGE CHAPTER #3890 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business LESKO GILBERT C 357 HEARTHSTONE TERR PORT ORANGE FL 32127 US	Mailing Address LESKO GILBERT C 357 HEARTHSTONE TERR PORT ORANGE FL 32127 US
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3. Date Incorporated or Qualified
03/27/1986

4. FEI Number
33-0103152

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business
21

2a. Mailing Address
26

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State
23

City & State
28

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip
24

Country
25

Zip
29

Country
30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**LESKO GILBERT C
357 HEARTHSTONE TERRACE
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> DELETE
TITLE	P	
NAME	IRVING, MORRILL	
STREET ADDRESS	834 WILDWOOD CR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BORLAND SUSAN	
STREET ADDRESS	130 NAUTICAL DRIVE	
CITY-ST-ZIP	DAYTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, HOWARD	
STREET ADDRESS	4358 CANDLEWOOD LANE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VICKERS, JEAN	
STREET ADDRESS	650 WILLOW DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LESKO, GILBERT C	
STREET ADDRESS	357 HEARTHSTONE TERR	
CITY-ST-ZIP	PT ORANGE FL	
TITLE	D-VP	<input type="checkbox"/> DELETE
NAME	TUCKER, JOSEPH	
STREET ADDRESS	906 GINGER TREE PLACE	
CITY-ST-ZIP	PT ORANGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	P		
1.2 NAME	LEN PRICE		
1.3 STREET ADDRESS	33 HANOVER CT		
1.4 CITY-ST-ZIP	PORT ORANGE FL 32119		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** **JAN 16, 1998 904-761-3382**
Date Daytime Phone # 0002756

CR2E037 (10/97)